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Ophthalmic Literature

VOL. III. MARCH, 1913. NO. 3.

Published Monthly by EDWARD JACKSON, 530 Metropolitan Building. Denver, Colorado, U. S. A.

Price Five Dollars per Year, in Advance.

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Ophthalmic Literature

VOL. III. MARCH, 1913. NO. 3.

Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

IMPORTANCE OF JOURNAL READING.

It is the duty of one offering to correct the defects and treat the diseases and injuries of the eye to prepare himself to render such services; and to keep up this fitness to do this professional work to a reasonable standard of efficiency. One who offers to supply professional service, which he is incompetent to give, drops to the level of the shyster lawyer or the medical quack.

There is much excuse for those who have entered upon ophthalmic practice imperfectly trained to meet its responsibilities, during a period when no institution attempted to indicate what studies ought to be pursued in preparation for it; and individual teachers gave much or little, according to the desires of the student, and the time and money he thought he could afford to spend on this part of his education. But very little can be said in defense of the oculist who is so stupid or self-satisfied that he never discovers his deficiencies, or so devoid of professional conscience that he is indifferent to them; and puts forth no effort to make up for deficient training, or to keep abreast of the advances in the special branch of knowledge that he professes.

There are various ways in which one may hope to make good the manifest defects of early training. By serving for years in a public clinic, in contact with other workers in ophthalmology; or by spending one or two months out of every twelve in study at postgraduate schools, or in following the work of ophthalmic hospitals, a very deficient education can be rounded out to fair completeness. But even for this purpose the attendance on clinics, after a time, brings much repetition of what is already familiar; and little that is new or positively beneficial. Still less effective is study in postgraduate institutions for keeping the busy practitioner abreast of the advances in the thought and methods of his confreres. Nothing but an acquaintance with the current literature of ophthalmology will accomplish this.

Every practicing ophthalmologist ought to take and read regularly at least one good ophthalmic journal. This is a low minimum. A fair standard of activity in this direction will include the reading of more than one such journal; and the employment of other means to keep somewhat in touch with the important advances in the whole field of ophthalmic literature. This will require the following of some systematic review department or publication and the reading of important monographs and the principal text-books as they appear.

For the strictly isolated practitioner this will entail for subscriptions and the purchase of books, an outlay each year, of a sum that would amount to a major fraction of what he may expend every month

for the upkeep of an automobile, or as much as he pays out for banquets, entertainments, etc. This is a very small expenditure to sustain the character of the ophthalmologist's real stock in trade; but where two or more practicing oculists are near enough to each other to get together once a month, the expenditure may be diminished one-half, and at the same time made yet more effective.

Ophthalmic Journal Clubs.

The journal club is a form of association that is perfectly practical, even with the fewest members. Two can start such a club and sustain it at the highest efficiency. Let each member subscribe for one or more ophthalmic journals, read it, or them, and prepare himself each month to point out to his fellow members and discuss with them the more important ideas there set forth. The club can meet each month for such discussion, and journals can be exchanged by the different members, although this is the place in its mechanism where a journal club is most likely to break down.

It is commonly assumed that all the journals should be subscribed for by the club and forwarded every month to every member of the club. The idea that in this way all the members will get to read all the journals is plausible and attractive. But in practice it usually fails to work. The more journals taken, and the more members there are to read them, the more certain it is that some will fail to forward promptly, or to read the journals in their hands before they should be sent on.

It is not so imposing in theory, but much more certainly practicable, to let each member subscribe for those journals he wants, study them and report on their contents to his fellow-members. Then he can loan the number containing any special article to the colleague who desires to read that article, and keep his files in order and readily accessible, so that any other member can consult them when the need arises. If this plan be followed, each member can accumulate a valuable working library, and at the same time he can command the greatest part of the current literature that is important, as it is to be found in the offices of his fellow-members. The fact that for certain publications each is acting as a librarian for the whole club will induce him to keep his library in better order than he might were it for himself alone. In this way it is possible to get the best care and arrangement of a library where a professional librarian cannot be employed to look after the whole collection of books brought together in one place.

As to the selection of journals: The individual taste of the reader should play an important part. A subscriber ought to like the journals he takes well enough to read and care for them. Each should take those he likes best. If some are more popular it is right that they should be available on the shelves of the larger number of readers. On the second cover page of this number are given details regarding the seven principal ophthalmic journals published in English, arranged in the order in which they were established. On the third cover page is given the list of the principal ophthalmic journals

of the world, arranged alphabetically. Of the former, sample copies can be obtained from the publishers, and should be carefully examined and compared before deciding for which to subscribe. Of foreign journals we will give these hints: The Klinische Monatsblätter für Augenheilkunde, in German; the Annales d'Oculistique, in French, and the Archivos de Oftalmologia Hispano-Americanos, in Spanish, keep their readers well in touch with the best current thought in ophthalmology that finds expression in these languages.

In the United States there are sixty-three cities in which reside two or more subscribers to Ophthalmic Literature. Every one of these which has not already its local organization of ophthalmologists ought to have an ophthalmic journal club. In many places it is practicable for those living in neighboring cities to unite for such a purpose. By organizing in this way those who try it can gain access to a much wider field of the literature of their specialty with a very little increased expense. Who will take it up first? How many such clubs will be organized this year? We shall be glad to assist in the movement in various ways.

SOCIETY MEETINGS.

The meetings of national ophthalmological societies in which our readers will be most interested occur this year on the following dates and in the places indicated:

Société francaise d'Ophtalmologie, May 5 to 8, Paris, 184 Boulevard St. Germain.

American Ophthalmological Society, May 6 and 7, Washington, D. C., New Willard Hotel.

Ophthalmologische Gesellschaft (Heidelberg Ophthalmological Congress), May 15 to 18, Heidelberg, Germany. This is a radical change of date, the Congress usually meeting early in August.

American Medical Association Section on Ophthalmology, June 17 to 20, Minneapolis, Minn., University of Minnesota.

Oxford Ophthalmological Congress, July 17 and 18, Oxford, England, Keble College.

British Medical Association, Section on Ophthalmology, July, Brighton, England.

The Seventeenth International Congress of Medicine with its Section of Ophthalmology will be in session August 7 to 12 at London.

American Academy of Ophthalmology and Otc-Laryngology, October 27 to 29, Chattanooga, Tenn.

BOOK NOTICES.

Thorington, James. Philadelphia. PRISMS, THEIR USE AND EQUIVALENTS. 12 mo. pp. 144. 118 Ill., 18 in color. Philadelphia, P. Blakiston's Son and Co. Price, $1.00.

To those familiar with the other works of Dr. Thorington, this will come as a natural extension of the series, and it deals with its subject as they would expect. There is much ground for the author's claim that "by omitting mathematical formulas and inserting many illustrations, the text is made easy of comprehension." It is a poor cut that does not tell more than the words that could be printed in

the same space, and nearly all of the illustrations in this volume have been well chosen.

In a condensed statement of mathematical principles any error in the choice of words becomes a serious obstacle to the reader or student, and errors in illustrations are still more puzzling. If the reader be not sufficiently acquainted with the subject to recognize that the cuts numbered 48 and 49 have exchanged positions they will confuse rather than help him.

By his account of the uses of prisms outside of ophthalmology Dr. Thorington has added to the interest of the subject. The discussion of the methods of numbering prisms, the equivalents of prisms numbered in the different systems, as given by tables, and the effects of decentering or combining prisms with lenses, are more clearly and fully discussed than in any other work of similar scope.

OPHTHALMOLOGISCHE GESELLSCHAFT HEIDELBERG. 1912. BERICHT ÜBER DIE ACHTUNDDREISSIGSTE VERSAMMLUNG. Edited by A. Wagenmann of Heidelberg. Octavo, 443 pages, 31 illustrations and 45 plates, 22 in colors. Wiesbaden, J. F. Bergmann.

This volume of transactions of the Thirty-eighth Ophthalmological Congress in Heidelberg contains the usual list of papers and discussions with accounts of patients and apparatus presented. These papers often represent the practical substance of longer dissertations that have occupied the pages of the German ophthalmic journals. The volume is particularly valuable for the collection of plates that accompanies it, and is exasperating, as usual, because of the lack of any alphabetical index of subjects or authors. This is a glaring defect in a work of reference and a notable departure from the usual ideals of German thoroughness.

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Abstracts From Foreign Journals

Orlandini, O. Choked Disk from Cerebral Tumor. (Annali di Ottalmologia, xl, p. 283.)

In a number of such cases in which a surgical operation was done, either for decompression or removal of the tumor, ophthalmoscopic observations were made (1) immediately after trephining and before incision of the dura mater; (2) in the period between the primary trephining operation and the secondary one for excision of the tumor, and (3) during the further progress of the case, either till death or recovery. After trephining without incision of the dura mater the changes were usually inappreciable. Where a tumor was removed, the results as regards choking of the disc varied from practically none to rapid reduction of swelling. In one case a pronounced network of fine vessels on the disc disappeared rapidly after removal of a tumor of the occipital lobe. On the basis especially of this case, as well as of the fact that papillary stasis is sometimes confined to one side, the author favors the mechanical as against the inflammatory theory of causation. In his own cases the most marked swelling occurred where the tumor made pressure on the sinuses.

Ohm, J. Miner's Nystagmus. (Graefes Archiv für Ophthalmologie 83, p. 1.)

Of 15,096 coal miners, in 4 years 504 cases, or 3.3 per cent. of nystagmus were seen. Diagnosis is facilitated by the facts that nystagmus occurs more commonly when the patient is fatigued, in poor light (dark room), after rapid bodily movements (shaking of trunk from side to side, etc.), and on fixation of a small object. In 46 cases the nystagmus was at times only discoverable on one side. But in every such case the nystagmus can at some other time be observed in the second eye. Nystagmus was not found in any case in which one eye had been lost, but it was observed in cases where one eye was blind or had extremely poor vision. The author describes a binocular ophthalmoscope for simultaneous study of the movements of both eyes. With this apparatus the innervation impulse was seen always to affect both eyes synchronously, however dissimilar the oscillations might otherwise be. In causation, poor lighting probably plays a part, by lessening the fusion impulse. Important is the fact that upward turning of the eyes, so much called for in mine work, is the most exhausting of all eye movements. Nystagmus is much more marked when the patient's eyes are raised. Tall miners appear to be more liable than short ones to the disease Therapeutically and prophylactically, the author recommends that where possible tall miners should work in high, and short ones in low, levels. Benefit may sometimes be had from correction of muscular insufficiencies; and two or three illustrative cases are given, in which advancement of the interni gave more or less relief.

Perrod, G. Hereditary Myopia. (Annali di Ottalmologia, xli, p. 31.)

A woman of 30 years was emmetropic in the right eye, while the left was myopic 18 diopters. Her father, aged 54, was found to be emmetropic in the right eye, and to have a myopia of 16 diopters in the left eye. In each case there was a large posterior staphyloma in the myopic left eye. In a brother of the woman, aged 27 years, each eye was myopic 8 diopters. Judging from the statements of the family, the mother was certainly not myopic.

In the family of a physician myopia had run through three generations and affected a grandmother, the mother, a maternal aunt, a

sister, and the physician himself. The amount of refractive error was recorded in all except the grandmother, and varied from 8 to 10 diopters.

Pichler, A. Rhythmic Protrusion of Both Eyeballs Through Action of Trochlearis in Cerebral Hemorrhage. (Zeitschrift f. Augenheilkunde, xxvi, p. 36.)

During the period of unconsciousness between the apoplectic seizure and the death of the patient, the following ocular conditions were observed: Oscillatory nystagmus in the vertical meridian, slight adduction, deviation downward and a pulsatory protrusion of both eyes synchronous with inspiration. The eyes were turned slightly down at each protrusion. Autopsy showed extensive hemorrhage into the third, fourth and lateral ventricles and numerous small hemorrhages into the pons. The movements of the eyes are attributed to contraction of the superior oblique muscle due to central irritation of the trochlear nerve. On this account and because of the rhythmic character of the movements, probably in some way connected with the variation in intracranial pressure occurring with each deep inspiration, the author proposes to call the phenomenon "nystagmus protractorius."

Piccillo, L. Supposed Cure of Trachoma and Spring Catarrh With Heterologous Serum. (Annali di Ottalmologia, xli, p. 3.)

Four cases of trachoma and three of vernal catarrah were treated as recommended by Deutschmann, Pes, Bandi and others, by injection of horses' and asses' serum beneath the conjunctiva of the cul-de-sac. As many as five injections were used in the trachoma cases, and as high as ten in those of vernal conjunctivitis. The therapeutic results were negative, an apparent diminution in size of the papillæ and follicles occurring during the reaction, but being no longer evident when the reaction was passed. On the other hand, these injections are painful and distressing, causing edema of the lids and face, and often producing a general rise of temperature.

Vogt, A. Measurements of Diathermacy of Human Eye and Its Media, and of Human Upper Lid. (Graefes Archiv. für Ophthalmologie, lxxxiii, p. 99.)

Five human eyes, and the tarsal part of one upper lid, were used, and tests made with a thermopile and an Engelmann galvanometer. From 20 to 25 per cent of the rays falling on the cornea from a carbon filament lamp reach the anterior chamber. About the same proportion of rays pass through the sclera. Through the tarsal part of the upper lid pass 6 per cent of the rays falling upon it. About four-fifths of the rays passing into the globe are dark and belong to the ultrared. Glass protects against long-waved, but not against short-waved, ultrared radiations. A pupil reaction cannot be produced with the ultrared, although it does result from the passage of sunlight or incandescent electric light through the lids or the anterior part of the temporal wall of the orbit. The higher the temperature of sources of light the more short-waved ultrared rays they contain. Higher intensities of long-waved ultrared were demonstrated to have a toxic action on the external parts of the eye, and the same was true of the effect of short-waved ultrared on the iris.

Von Rohr, M., and Stock, W. Subjective Testing of Action of Glasses. (Graefes Archiv. für Ophthalmologie, 83, p. 189.)

Von Rohr's eyes are both 6 D. myopic. One of them was made emmetropic by means of a contact lens, as suggested by Fick. The two eyes, now anisometropic, could not be made to work together, even when the second eye was corrected by an ordinary minus lens; the difference in size of the two images, and in the action of the

extrinsic muscles, being quite marked. The sense of perspective was much diminished. In the next experiment, the artificial anisometropia being maintained by means of the Fick contact lens, the second eye was corrected with a telescopic lens system, called by the authors an anisometropia lens, and whose object was to equalize the size of the retinal image in the two eyes. In these circumstances; that is, one eye wearing the contact lens and the other the anisometropia system, the two images immediately blended, and stereoscopic vision was as good as when the myopia of both eyes was corrected with the usual minus spheres. A similar experiment was made on a physician, one of whose eyes was aphakic, in correction of this eye by a telescopic lens system calculated to produce equal retinal images in both eyes. The result was apparently just as satisfactory as in the first set of experiments.

Verderame, F. Aspergillus Keratomycosis. (Annali di Ottalmologia, xli, p. 223.)

The patient was struck in the eye by particles of stone. The next day the cornea presented a grayish-white infiltrated area the size of a pin head. This was surrounded from within outwards by a narrow halo in which the epithelium was absent, by an opaque ring, by a ring of transparent cornea, and by an outermost narrow ring of opacity. By cultural and animal tests the cause of the lesion was demonstrated to be aspergillus fumigatus. The case differed from the typical description in that the ulcer corresponded in level with the surrounding cornea, and was not separated from this by the usual sulcus of demarcation. Healing was completed in eleven days without separation of a necrotic sequestrum. Experiments with rabbits indicate the possibility of making a microscopic diagnosis by the fifth day of the disease, from the presence of the spore-bearing organs in scrapings of the ulcer.

Viale, G. Influence of Fatigue of One Retina on Light and Color Vision of the Other Retina. (Annali di Ottalmologia, xl, p. 669.)

After one eye had been fatigued by exposure to strong light, colors seen with the other eye appeared much clearer. Thus, dark green looked very bright and yellow was greenish. In experiments in which the periphery of one retina (this part of the retina having only light sense) was stimulated, and the other retina kept at rest, the non-stimulated retina afterwards showed no change, either in light or color sense. Therefore fatigue of one retina affects the color sensibility, but not the light sensibility of the other retina. Investigations by Monakow and others point to the existence of fibers passing between each retina and the anterior corpora quadrigemina, and to stimulation of the cones of one retina when light falls only upon the other. Hence the writer argues that, as the cones are the organ of color sense, the change of color vision which he has observed is due to reflex stimuli passing from one retina to the other by way of the anterior quadrigeminate bodies.

Ophthalmic Journals

American Journal of Ophthalmology, St. Louis, Mo.
Anales de Oftalmologia, Mexico City, Mexico.
Annales d'Oculistique, Paris, France.
Annali di Ottalmologia, Pavia, Italy.
Annals of Ophthalmology, St. Louis, Mo.
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Albrecht v. Graefe's Archiv für Ophthalmologie, Leipsic, Germany.
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Archives of Ophthalmology, New York, N. Y.
Archivio di Ottalmologia, Naples, Italy.
Archivos de Oftalmologia Hispano-Americanos, Barcelona, Spain.
Atti dell'Associazione Ottalmologica Italiana, Pavia, Italy.
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La Clinica Oculistica, Rome, Italy.
La Clinique Ophtalmologique, Paris, France.
Journal Ophthalmology and Oto-Laryngology, Chicago, Ill.
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Ophthalmic Review, London, England.
L'Ophtalmologie Provinciale, Tours, France.
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Sammlung Zwangloser Abhandlungen aus dem Gebiete der Augenheilkunde, Halle a. S. Germany.
Viestnik Ophthalmologie, Moscow, Russia.
Wochenschrift für Therapie und Hygiene des Auges, Dresden, Germany.
Zeitschrift für Augenheilkunde, Berlin, Germany.

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Printed by Western Newspaper Union